

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**A**

**1. PLACE OF DEATH**

County Monroe

Registration District No. 548

Township

Primary Registration District No. 432.3

City

(No. )

File No. 23736

Registered No.

St. Ward

**2. FULL NAME**

(a) Residence, No. John Elmer Ragar St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Ragar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-23-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME James Ragar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Matlock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Melville Ragar  
Phoenia No. R. 98.

18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelphia DATE July 5, 1933

19. UNDERTAKER (ADDRESS) B. M. Allen  
Philadelphia, Missouri

20. FILED July 5, 1933 Bertine Lee Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933 to July 3, 1933

I last saw him alive on July 3, 1933 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset

(Anterior) middle left July 3, 1933

internal capsule

Other contributory causes of importance:

81A

Name of operation EYE operations Date of

What test confirmed diagnosis? Reflexes Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wagon Journey, M. D.

(Address) Phoenia, Mo.

JUL 23 1933

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

